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**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:
04-011

2. STATE
NEVADA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
July 1, 2004

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
Section 1902 (a)(10)(i)(iv) of the act

7. FEDERAL BUDGET IMPACT:
a. FFY 2005 \$ None
b. FFY 2006 \$ None

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 12 to Attachment 2.6-A Page 3

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):
Supplement 12 to Attachment 2.6-A Page 3

10. SUBJECT OF AMENDMENT: Update to TANF Need Standard Deductible due to Year 2004 Federal Poverty Level

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:
The Governor's Office does not
wish to review the State Plan Amendment.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
Michael J. Willden

14. TITLE:
Director, DHR

15. DATE SUBMITTED: **JUN 28 2004**

16. RETURN TO:
**John A. Liveratti, Chief
DHCFP/Medicaid
1100 East William Street, Suite 101
Carson City, NV 89701**

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
June 28, 2004

18. DATE APPROVED: **August 9, 2004**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
July 1, 2004

21. TYPED NAME:
Linda Minamoto

20. SIGNATURE OF REGIONAL OFFICIAL:
Pat Daley for Linda Minamoto
22. TITLE: **Associate Regional Administrator
Division of Medicaid & Children's Health**

23. REMARKS:

X The agency uses less restrictive income and/or resource methodologies than those in effect as of July 16, 1996, as follows:

- Disregard an additional \$1,000 in resources.
- For all individuals under this group eligible in the immediately preceding month and for applicants whose net income without application of 100%/50% disregards does not exceed the 100% need standard:
 1. Disregard all earned income for three months;
 2. Disregard 50% of gross earnings for the next nine months;
 3. Disregard \$90 or 20% of gross earnings (whichever is greater) for month 13 and ongoing; and
 4. Disregard the full cost of child care.

OR for applicants/recipients

The \$30 + 1/3 / \$30 earnings disregards as applicable and \$90 work expense, whichever is more advantageous to the applicant/recipient.

5. Disregard an additional \$159 for a family size of one, and an additional \$38 for each additional family member.

The income and/or resource methodologies that the less restrictive methodologies replace are as follows:

- No resource methodology is replaced.
- Replaced income methodology is:
 1. \$30 + 1/3 earned income disregard allowed for applicants/recipients who received a cash grant in one of the immediately preceding 4 months or whose net income without application of the disregards does not exceed the 100% need standard. \$30 + 1/3 allowed for 4 consecutive months followed by \$30 disregard for 8 consecutive months; and

TN# 04-011
Supersedes
TN# 03-13

Approval Date AUG -9 2004

Effective Date July 1, 2004